

Upper Darby School District Information Technology and Systems 4611 Bond Ave Drexel Hill, Pa. 19026

Phone: 610-789-7200, Ext. 3289 Fax: 610-789-0796

Robert Hilinski, Director

Petition for Waiver of E-rate Invoice Deadline On behalf of Upper Darby School District SLD Entity # 126098, Form 471 # 986479, FRN 2690584

The Upper Darby School District respectfully petitions for waiver of the invoice deadline and requests permission to file a BEAR form to recoup payment of \$15,227.85, for FRN 2690584.

The District timely requested an invoice deadline extension request that was approved and the new deadline was February 25, 2016 for the FRN in question. The District timely prepared a paper BEAR form and obtained the service provider's certification on February 15, 2016. The District had to use the paper BEAR form because the District's authorized signer, a newly hired employee, did not have an electronic PIN. On the next day, the District mailed the completed BEAR form to the SLD, to 3833 Greenway Drive, Lawrence, KS 66046 on February 16, 2016. The completed BEAR form included both the service provider and applicant certification pages. A copy is attached to this Petition.

On May 4, 2016, the District contacted the SLD's Client Service Bureau to ask about the status of the BEAR form because the District had not yet received a BEAR notification letter. The District was informed that the SLD did not have a record of receiving the BEAR form per Case #83317.

The District mailed the form via United States First Class Mail, postage prepaid. The letter was not returned as undeliverable. Unfortunately the District does not have proof of mailing.

The District tried to comply with all E-rate deadlines and prepared and mailed the BEAR form to the SLD on a timely basis. The District hopes the FCC will believe the District, and will grant leniency to the District and allow the District's BEAR form to be accepted for processing and payment.

Sincerely,

rhilinski@upperdarbysd.org

Dated: May 4, 2016

Attachment: Completed BEAR Form

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This form is provided courtesy of E-Rate Central. More forms can be found on our Forms Rack.

Approved by OMB OMB Control No. 3060 – 0856 Estimated time per response: 1.0 hour

Provider Identification Number (SPIN) 143000677	BILLED ENTITY APPLICANT REIMBURSEMENT FORM For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant. Only one Service Provider Identification Number (SPIN) per form. Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.	Universal Service for Schools and Libraries Universal Service for Schools and Libraries Universal Service for Schools and Libraries Entil LED ENTITY APPLICANT REIMBURSEMENT FORM For elimbusement of discounts on approved services are admitted to the Billed Entity Applicant. Must be completed and signed by the elimbusement of discounts on approved services are admitted by the Billed Entity Applicant. Must be completed and signed by the elimbusement of discounts on approved services are admitted by the element service provider. Must be completed and signed by the elimbusement of discounts on the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the element service provider. Must be completed and signed by the elimbusement of discounts on the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the service provider. Must be completed and signed by the elimbuse (SPNI) per form of the service provider. Must be called the service of the servic
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Estimated time per response: 1.0 hour

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July 2013

BILLED ENTITY APPLICANT Reimbursement Form						
Billed Entity Name UPPER DARBY SCHOOL DISTRICT						
Billed Entity Number	9					
Contact Name_Robert Hilinski						
Applicant Form Identifier UpperDarby-VzW-FY14						
Block 3: Billed Entity Certification						
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows: A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486. B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities. C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter. D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form. E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders						
governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.						
15. Signature of authorized person	16. Date					
(Robert 1) Helim	2/8//6					
17. Printed name of authorized person						
Robert Hilinski						
18. Title or position of authorized person						
Director of Technology						
19. Telephone number of authorized person						
610-789-7200 Ext. 3289						
20. Address of authorized person						
4611 Bond Avenue Upper Darby, PA 19026						

Approved by OMB OMB Control No. 3060 – 0856 Estimated time per response: 1.0 hour

BILLED ENTITY APPL	ICANT Reimbursement Form		
Billed Entity Name	Upper Darby School District		
Billed Entity Number			
Contact Name	Robert Hilinski		
	ifier_UpperDarby-VzW-FY14		
Block 4: Service P	rovider Acknowledgment		
Service Provider Acknown best of my knowledge, in A. The service provider Applicant who prepare after the fund adminibiled Entity Applicant reimbursement payors. The service provider tendering or making provider of the approxider of the approxider of the approximation of the school compliance and remand/or cancellation of governing the school prosecution by law experiments.	redgment for this Billed Entity Application and belief, as follows: must remit the discount amount authored and submitted this Billed Entity Apstrator's notification to the service promotent from the fund administrator, subject must remit payment of the approved of use of the payment issued by the Universed discounts for the Billed Entity Applion to the foregoing, this Service Provides and libraries universal service supposed in in compliance with those rules and of funding commitments. I acknowledges and libraries universal service supposed for the payment authorities.	vider is in compliance with the rules and orders oort program, and I acknowledge that failure to be in did orders may result in the denial of discount funding ige that failure to comply with the rules and orders oort program could result in civil or criminal	this r to vice
21. Signature of authori	zed person (fax, copy or original signa	ature) 22. Date 02/15/2016	
23. Printed name of aut	horized person		
24. Title or position of a	uthorized person	Ivan Sun E-Rate Coordinator 866-221-4123	
25. Telephone number	of authorized person	— One Verizon Way Basking Ridge, NJ 07920	
26. Address of authoriz	ed person		

27. Applicant Remittance Information

Name Robert Hilinski

Title Director of Technology

Street Address 4611 Bond Avenue, Upper Darby, PA 19026